



Commonwealth of Virginia  
State Corporation Commission  
Underground Utility Damage Prevention Act  
Incident Report



Please provide all information requested here to assist in conducting a thorough investigation of this incident. This information will also help build a database to guide us in furthering damage prevention in Virginia. Please use a separate report for each incident. Thank you for your time.

**Part A - Please send this information to:**

Damage Prevention Investigator  
Division of Utility and Railroad Safety  
State Corporation Commission  
P.O. Box 1197  
Richmond, Virginia 23218

Commission Toll Free Number ..... 1-800-552-7945  
Division Number ..... 804-371-9980  
FAX ..... 804-371-9734  
Email ..... vadamageprevention@scc.virginia.gov  
Web ..... www.scc.virginia.gov/urs/index.aspx

**Division Use Only**

Report No: \_\_\_\_\_

Investigator: \_\_\_\_\_

**Part B - Who is submitting this information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Date of this report:** \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

**Part C - Incident information:**

Incident Date & Time: \_\_\_\_\_  
Incident Address: \_\_\_\_\_  
City/County: \_\_\_\_\_  
Cause: \_\_\_\_\_

**Incident Location:**

☐ Public Property

☐ City right-of-way

☐ Private Property

☐ County right-of-way

☐ Utility Easement

☐ State right-of-way

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Part D - Excavator Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Date & Time Excavation Began:** \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

**Part E - Excavator Category:**

☐ Contractor working for government

☐ Contractor working for utility

☐ County employee

☐ Railroad employee

☐ Contractor working for other

☐ Property owner/occupant

☐ State employee

☐ Farmer

☐ Contractor working for self

☐ Municipality employee

☐ Utility employee

☐ Developer

☐ Unknown

**Part F - Type of excavation activity:** Parallel excavation ☐ Yes ☐ No

Exposing (pot holing) facility ☐ Yes ☐ No

☐ Agricultural

☐ Drainage work

☐ Building construction

☐ Driveway work

☐ Plumbing/septic work

☐ Road construction

**Installing Utilities:**

☐ Building demolition

☐ Fence work

☐ Roadway maintenance

☐ Setting poles

☐ Electricity

☐ Building reconstruction

☐ Landscaping

☐ Site development

☐ Sprinkler

☐ Telecommunications

☐ Curb/sidewalk work

☐ Lot grading

☐ Traffic signal/system

☐ Other: \_\_\_\_\_

☐ Cable

☐ Gas

☐ Sewer

☐ Water

**Part G - Type of excavation equipment:**

**Equipment Type:** \_\_\_\_\_

**Method of excavation:**

☐ Mechanical

☐ Hand

☐ Augering

☐ Ditching

☐ Grading

**Paving**

**Scraping**

☐ Boring\*

☐ Explosive

☐ Vehicle

☐ Blasting

☐ Dredging

☐ Hand Digging

☐ Plowing

☐ Tilling

\* If the method is "boring", list the boring technique

☐ Boring\*

☐ Drilling

☐ Moving

☐ Razing

☐ Trenching

☐ Digging

☐ Driving

☐ Pavement Milling

☐ Removing

☐ Tunneling

☐ Rendering

☐ Wrecking

**Part H - Description of damage:***What type of facility was damaged?*

☐Water    ☐Sewer    ☐Electric  
☐Gas    ☐Telecommunications  
☐Cable    ☐Hazardous liquid pipeline  
☐Other \_\_\_\_\_

*Utility line function:*

☐Service    ☐Secondary  
☐Drop    ☐Primary  
☐Feeder    ☐Transmission  
☐Trunk    ☐Fiber    ☐Main

Material type (steel, plastic, etc.): \_\_\_\_\_

Pressure (PSIG/inches): \_\_\_\_\_

Size (diameter, voltage, pairs, etc.): \_\_\_\_\_

Depth of facility at the time of damage: \_\_\_\_\_

Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

*Utility/Facility/Owner/Operator:*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Part I - Incident impact:**Did the fire department respond? ☐Yes ☐NoDid the police department respond? ☐Yes ☐NoWas evacuation necessary? ☐Yes ☐No How Many: \_\_\_\_\_Was traffic stopped or detoured? ☐Yes ☐NoWas there a service interruption? ☐Yes ☐No Duration: \_\_\_\_\_

Excavation Down Time Cost: \$ \_\_\_\_\_ Duration: \_\_\_\_\_

Number of Fatalities: \_\_\_\_\_

Number of Injuries: \_\_\_\_\_

Number of customers affected: \_\_\_\_\_

Damage Repair Cost: \$ \_\_\_\_\_

Other Property Impacted: \_\_\_\_\_

Other Property Repair Cost: \$ \_\_\_\_\_

Other Impact: \_\_\_\_\_

**Part J - Notification center information:**

Did the excavator have a valid ticket?

☐Yes ☐No Ticket Number: \_\_\_\_\_

Did the excavator check the Excavator-Operator Information Exchange

System? ☐Yes ☐No How: ☐Phone ☐Fax back ☐Website ☐Email*Type of ticket:*☐Regular 15 working day

Remark notice      Emergency

☐3-hour notice☐Designer☐Special project☐Meeting**Part K - Locating/marketing of utility line****NOTE:** Please attach a copy of the "locator's manifest" and location sketch with this report.*Who marked this line?* ☐Facility Owner/Operator ☐Contract Locator

Locator's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

Was the line marked prior to the damage? ☐Yes ☐NoWhat types of marks were present? ☐Paint ☐Flags ☐StakesWere offset markings used? ☐Yes ☐NoDescribe the condition of the marks in the proposed excavation area: ☐Bright ☐Visible ☐Faded ☐Destroyed    No MarksWere facilities visible (clear evidence) in the excavation area? ☐Yes ☐No If Yes, what (meter, pedestal, etc.): \_\_\_\_\_

What type of locating device was used to locate this facility? \_\_\_\_\_

Did the locator use the operator's records to assist in locating the facilities? ☐Yes ☐No If Yes, indicate record type: \_\_\_\_\_Were facilities marked in accordance with: ☐§ 56-265.19 of the Virginia Underground Utility Damage Prevention Act☐20 VAC 5-309-110 of the Commission's Rules☐the Virginia Underground Utility Marking StandardsAdditional comments about this locate: *Note: This space limited to two (2) lines of texts. Use additional sheets as necessary.***Part L - Investigator Names:**

Excavator's: \_\_\_\_\_ Utility's: \_\_\_\_\_ Locator's: \_\_\_\_\_